

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13192**

FILED APR 27 1953

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PRIMARY REG. DIST. NO. **5044**Registrar's No. **32**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Barry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Washburn Twp.</b>		c. LENGTH OF STAY (in this place) <b>1 Year</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Washburn Twp.</b>		<b>0050</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. #1 Washburn, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>Rt. #1 Washburn, Mo.</b>			
3. NAME OF DECEASED (Type or Print) <b>CLARENCE</b>		a. (First) <b>WILLIAM</b>		c. (Last) <b>WELCH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 22, 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 26, 1892</b>	
9. AGE (in years last birthday) <b>60</b>		10. UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stockman</b>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Dovie Lee Welch, Washburn, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic hepatitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b> <b>5 years</b> <b>2 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec. 8, 1952</b> , to <b>April 21, 1953</b> , that I last saw the deceased alive on <b>April 21, 1953</b> , and that death occurred at <b>1 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arthur A. Minnel, M.D.</b>				23b. ADDRESS <b>Cassville, Mo.</b>		23c. DATE SIGNED <b>4-22-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>April 22, 53</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Dallas, Texas</b>	
DATE REC'D BY LOCAL REG. <b>4-22-1953</b>		REGISTRAR'S SIGNATURE <b>Grace Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Loom Funeral Home, Cassville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1937

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William A. Fulk*

Licensed Embalmer No. *4658*

P. O. Address *Cassville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.